



OFFICE OF PUBLIC INSTRUCTION

**PO BOX 202501
HELENA MT 59620-2501
www.opi.mt.gov
(406) 444-3095
(888) 231-9393
(406) 444-0169 (TTY)**

**Denise Juneau
Superintendent**

Taxpayer Disclosure Statement

Name _____

Address _____

Taxpayer Identification Number (TIN) _____

Section 7 of Public Law 93-579, enacted by the U.S. Congress requires that you be advised of the following in connection with our request for your Taxpayer Identification Number (TIN):

Disclosure of your taxpayer identification number is mandatory under Section 6109 of the Internal Revenue Code which requires that you provide your correct TIN to an entity (OPI) who must file information returns with the IRS to report income paid to you. Your identification number will be used for the sole purpose of facilitating payment to you and reporting such payment under Montana Department of Revenue and Internal Revenue Code reporting requirements. This form will be shredded upon completion of payment.

Date _____

Signature _____

Please attach a copy of a voided check or a direct deposit form completed by your bank to this document to facilitate direct deposit of funds.